

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/019440

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		①		1		
5		①		1		
6	1		1			
7		1		1		
8		1		1		
9		3		1		
10		①		1		
11	1		1			
12		1		1		
13		1		1		
14		3		1		
15		3		1		
16		①		1		
17		①		1		
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TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	21		14			
TOTAL CLAIMS	24		17			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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TOTAL IND.		↓		↓		↓
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS